

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### **3.15.1. PURPOSE AND SCOPE:**

This section sets forth space planning criteria for the Specialty Medical Clinical Services in military health care facilities. Specialty Medical clinics include within this chapter: Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology.

Separate sections provide information on other specialty clinics, as listed below:

<b>Specialty Medical Clinic</b>	<b>Section</b>	<b>Psychiatric Clinics</b>	<b>Section</b>
Allergy/Immunization	3.17	Mental Health/Hygiene	3.18
Dermatology	3.15	Psychiatry	3.18
Endocrinology	3.15	Child Psychiatry	3.18
Gastroenterology	3.15	Clinical Psychology	3.18
Hematology/Oncology	3.15		
Infectious Disease	3.15	<b>Women's Health</b>	<b>Section</b>
Internal Medicine	3.15	OB/GYN	3.6
Nephrology	3.15	Family Planning	3.6
Neurology	3.15		
Rheumatology	3.15	<b>Pediatrics</b>	<b>Section</b>
		Adolescent	3.3
<b>Cardiology/Pulmonary Services</b>	<b>Section</b>	Infectious Disease Pediatrics	3.3
Cardiology	3.16	Well Baby	3.3
Pulmonary	3.16		
<b>Preventative/Occupational Clinics:</b>		<b>Primary Care</b>	<b>Section</b>
Aerospace, Aviation, and	3.4	Clinic of the Future	3.2
Submarine Medicine		Emergency	3.5
Community Health Nursing	3.19	Family Practice	3.1
Industrial Hygiene,	3.19	General Practice	3.1
Environmental and		Physical Examination	3.1
Bioenvironmental Sciences			
Occupational Health/Civilian	3.19	<b>Specialty Surgical Clinics</b>	<b>Section</b>
Employee Health Clinic		Colorectal	3.11
Preventive Medicine	3.19	General Surgery	3.11
		Neurosurgery	3.11
<b>Eye, Ear, Nose &amp; Throat</b>	<b>Section</b>	Orthopedic/Podiatry	3.12
Audiology	3.10	Plastic Surgery	3.11
Ophthalmology/Optometry	3.13	Thoracic Surgery	3.11
Otorhinolaryngology (ENT)	3.10	Pain	3.11
Speech Therapy	3.10	Urology	3.14

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#### **3.15.2. DEFINITIONS:**

**Bronchoscopy:** The endoscopic examination and treatment of the tracheobronchial system.

**Dermatology:** The medical specialty concerned with the diagnosis and treatment of diseases of the skin.

**Endocrinology:** The study and treatment of diseases of the endocrine (hormonal) system and its role in the physiology of the body.

**Endoscopy:** Inspection of the interior of a canal or any air or food passage by means of an endoscope.

**Gastroenterology:** The study and treatment of diseases of the digestive system, to include the esophagus, stomach, intestines, pancreas, liver and biliary tracts.

**Hematology:** The study and treatment of diseases of the blood and blood forming tissues.

**Infectious Disease:** A disease (any deviation from or interruption of the normal structure or function of any part, organ or system of the body that is manifested by a characteristic set of symptoms and signs) that is caused by or capable of being communicated by infection (invasion and multiplication of micro-organisms in body tissues). An infectious disease specialist provides consultation and treatment for problems related to viral, bacterial, parasitic or fungal diseases.

**Internal Medicine:** Discipline encompassing the prevention, diagnosis, and nonsurgical treatment of disease in adults.

**Nephrology:** The diagnosis and treatment of the function and diseases of the kidney.

**Neurology:** That branch of medical science, which deals with the nervous system, both normal and in disease. Clinically, that specialty concerned with the diagnosis and treatment of disorders of the nervous system.

**Oncology:** The diagnosis and treatment of cancer, often used in conjunction with the hematology specialty as in "hematology-oncology" or "heme-onc."

**Proctology:** The branch of medicine concerned with the study of the rectum and anus and the treatment of their diseases.

**Provider:** An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners.

**Rheumatology:** The branch of medicine dealing with rheumatic disorders, their causes, pathology, diagnosis, treatment, etc. Rheumatic disorders are any of a variety of disorders marked by inflammation, degeneration, or metabolic derangement of the connective tissue structures of the body, especially the joints and related structures.

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#### **3.15.3. POLICIES:**

**Clinic Composition:** Whenever the workload of any specialty does not support more than two provider FTEs, a separate clinic should not be programmed. Medical specialties that do not justify a separate clinic should be combined into the internal medicine clinic or may be combined into two or three specialty medical services in one clinic. This excludes hematology/oncology clinics, which should not be combined with other clinics.

**Diabetic Care Clinics:** space requirements are determined in a case-by-case study, base on workload.

**Hematology/Oncology Clinic:** Hematology/Oncology clinics will not be combined with other clinics.

**Providers' Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers' Offices:** Each provider on the staff, who has patient appointments, is provided a private office.

**Residents' Office Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident's Office/Examination Rooms:** Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these resident are not necessarily specialty medical residents only, family practice, and internist residency programs may require a rotation in the orthopedic clinic.

#### **3.15.4. PROGRAM DATA REQUIRED:**

- How many chemotherapy treatments projected for each year?
- Number of providers programmed.
- Distribution of providers by specialty and/or service.
- Distribution of nurse practitioners by specialty or service.
- Maximum number of FTE residents seeing patients in the clinic at one time?
- Is there a Residency Research Technician assigned?
- Provide any medical graduate medical education programs and the number of residents in each.
- Is a Lab required in dermatology?
- Is a treatment room required for endocrinology?
- How many renal dialysis patients are enrolled for treatment?
- How many renal dialysis chairs are required?
- Is a renal specialist programmed?
- Is Neurology/Psych. pediatric testing programmed?
- Is an esophageal Motility Room required in gastroenterology?
- Is a Pharmacist Office required in hematology/oncology?
- Is a Social Work Specialist programmed?
- Is renal dialysis home training provided?
- Is nourishment provided to renal dialysis patients?
- Is a Diabetes Care Clinic required?
- Are there special needs such as patient education?
- Is an Education Nurse programmed?
- How many types of lasers are used?

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#### **3.15.5. SPACE CRITERIA:**

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

**Physician's Offices** - Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff will be provided a private office based on the following criteria: (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.).

**Combining functions:** When programming a clinic that includes multiple special procedure rooms that require similar support functions (patient holding, utility rooms and recovery areas), the support areas should be located in such a way that they should be combined as opposed to duplicating the support functions.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
PATIENT AREAS			
Clinic Waiting Area		varies	Provide one per clinic. Provide 3 seats per provider (except dermatology) for the maximum number of providers projected to be working in the clinic at one time. Provide 4 seats per dermatology provider for the maximum number of providers projected to be working in the clinic at one time. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception/Control	13.01	140	One per clinic.
Patient Toilet	5.57	60	See Section 6.1..
Screening, Weights and Measures	7.43	80	One per each 4 providers.
Provider’s Exam Rooms	11.15	120	Two per provider (FTE) programmed. Can be used for Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology providers, when not listed separately below.
Isolation Room	11.15	120	One per clinic, if required for infection control.
Patient Learning Resource Room	11.15	120	One per department. See section 2.2.

**DoD Space Planning Criteria for Health Facilities**  
**Specialty Medical Clinics**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
STAFF AND SUPPORT AREAS			
Provider’s Office	11.15	120	One per provider FTE programmed. Can be used for Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology providers, when not listed separately below.
Nurse Manager’s Office	11.15	120	One per provider FTE programmed.
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Nurses’ Workstation	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per FTE programmed.
Advice Nurse(s) Area	9.29	100	Minimum when one advice nurse FTE programmed. Add 60 nsf per each additional FTE programmed.
Education Nurse	11.15	120	One per FTE programmed.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms
	13.94	150	If 16-30 exam/treatment rooms
	16.72	180	If >30 treatment rooms
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms
	13.94	150	If > 30 treatment rooms
Equipment Storage	9.29	100	1 per clinic
Conference Room(s)	23.23	250	One per every 8 provider FTEs.
Literature Forms and AV Storage	9.29	100	One per department.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Toilets Public and Staff		varies	See Section 6.1.
Litter and Wheelchair storage	5.57	60	One per clinic.
Janitors’ Closet	5.57	60	One janitor’s closet per 10,000 nsf. See Section 6.1.

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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>TREATMENT AREAS</b>			
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Treatment Room -general purpose	16.26	175	Minimum one. One per 6 providers. Can be used for Endocrinology, Infectious Disease, Internal Medicine, Nephrology, and Neurology providers, when not listed separately below.
Treadmill/Stress Test Room	20.44	220	Minimum. One for internal medicine when there is not a separate cardiology service.
Electrocardiogram (EKG) Testing Room	11.15	120	Minimum. One per clinic, when not listed separately below.
EKG Work Room	7.43	80	One per EKG Testing Room.
Dressing Cubicle	4.65	50	One per multi-station EKG area.

<b>Dermatology:</b>
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<b>STAFF AND SUPPORT AREAS</b>			
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Dermatology Laboratory	5.57	60	One per clinic.
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<b>TREATMENT AREAS</b>			
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Treatment Room -Dermatology	16.26	175	Minimum of one. One room per every 2 providers.
Outpatient Dermatology/Cryotherapy	11.15	120	Minimum of one room, 175 nsf when dermatologist FTE projected. Add a second room when 3 or more dermatologists FTEs projected.
Outpatient Dermatology, Ultraviolet Booth	11.15	120	Minimum of one when a dermatologist FTE projected. Add additional booth when more than five dermatologists.
Laser Treatment Room	11.15	120	One treatment room per each type of laser.

<b>Gastroenterology :</b>
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<b>STAFF AND SUPPORT AREAS</b>			
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Clean Equipment Room	11.15	120	Minimum of one. Add an additional 60 nsf for each procedure room above two.
Scope Wash Room	11.15	120	One per clinic.
Dedicated Janitor's Closet	5.57	60	One per clinic in support of special procedure room(s).

**DoD Space Planning Criteria for Health Facilities**  
**Specialty Medical Clinics**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
Gastroenterology (Continued) :			
TREATMENT AREAS			
Digital Fluoroscopic Room	27.87	300	One per gastroenterologist FTE projected. Determine if this will be located in this clinic or in Radiology.
Dedicated Toilet	5.57	60	One per fluoroscopy room.
Dedicated Dressing Cubicle	4.65	50	One per fluoroscopy room.
Fluoroscopy Waiting Area	5.57	60	Minimum. Add 40 nsf for each fluoroscopy room greater than one.
Image Reading Room	11.15	120	One per clinic when any imaging capability included in the facility.
Treatment Room, Proctoscopic Exam Room	22.30	240	One per proctologist FTE projected.
Dedicated Toilet	5.57	60	One per proctoscopic room.
Dedicated Dressing Cubicle	4.65	50	One per protoscopic room.
Treatment Room, Endoscopy Room	26.01	280	One per gastroenterologist FTE provider.
Dedicated Toilet	5.57	60	One per endoscopic room.
Dedicated Dressing Cubicle	4.65	50	One per endoscopic room.
Endoscopy Sub Waiting Area	5.57	60	Minimum. Add 40 nsf for each endoscopy room above one.
Recovery Room/Pre-Op Patient Holding	22.30	240	Minimum (2 cubicles). Add 120 nsf for each additional procedure room.
Patient Toilet	5.57	60	One per Recovery Room/Pre-Op room.
Control/Observation Area	55.7	60	One per Recovery Room/Pre-Op room.
Esophageal Motility Study Room	13.01	140	One per clinic when more that one gastroenterologist FTE projected. Ensure that the concept of operation for the MTF is to accomplish Esophageal Motility Studies in the clinic and not in Radiology.

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### Renal Dialysis Unit:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

#### PATIENT AREAS

Waiting Area	13.01	140	Minimum. Provide 2 seats per each renal dialysis station.
Clinic Reception Station/Control Counter	11.15	120	One per renal dialysis unit.
Patient Belongings Storage	7.43	80	Minimum.
Exam Room	11.15	120	One per each FTE provider programmed.
Renal Dialysis Station, Chair	11.15	120	1 station (chair) per every seven patients enrolled in renal dialysis. (See formula at 3.15.6).
Patient Toilet	5.57	60	One in association with dialysis station area.
Renal Dialysis Home Training Room	11.15	120	1 per unit, if home training is provided.
Examination/Peritoneal Dialysis Room	11.15	120	1 per unit.

#### STAFF AND SUPPORT AREAS

Nurses' Workstation	11.15	120	One per renal dialysis unit.
Unit Directors Office	11.15	120	One per renal dialysis unit.
NCOIC/LCPO/LPO Office	11.15	120	One per renal dialysis unit.
Dietician	11.15	120	One per clinic, if FTE programmed.
Pharmacist	11.15	120	One per clinic, if FTE programmed.
Social Work Services	11.15	120	One per clinic, if FTE programmed.
Nourishment Room	11.15	120	1 per unit, when nourishment is provided to patients.
Renal Studies Laboratory	11.15	120	One per clinic when a renal specialist FTE is projected.
Medication Preparation/Dispensing Room	7.43	80	One per renal dialysis unit.
Supply Storage Room	7.43	80	Minimum. Provide 40 nsf for each additional renal dialysis treatment station above two.
Clean Work Room	14.86	160	One per renal dialysis unit. Includes clean linen storage.
Soiled Utility Room	11.15	120	One per renal dialysis unit.
Reprocessing room	9.29	100	One per clinic, only if dialyzers are re-used.
Water treatment/concentrate room	11.15	120	Minimum. Add 30 nsf for each additional chair greater than four.
Dedicated Storage	5.57	60	For home healthcare information/equipment. Add 15 nsf for each additional chair greater than four.
Nurses' Work Area	5.57	60	Minimum. Add 20 nsf for each nurse above 4 assigned to this department.



## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### Renal Dialysis Unit (Continued):

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS (Continued)			
Staff Toilet	5.57	60	See Section 6.1..
Litter and Wheelchair Space	1.86	20	One per renal dialysis unit.
Dedicated Janitor’s Closet	5.57	60	One per renal dialysis unit.

#### Rheumatology:

Treatment Room	16.26	175	One per clinic. At Medical Centers only.
Infusion Therapy Area	22.30	240	2 chairs per clinic if FTE provider programmed. 120 nsf per chair. Add two chairs (120 nsf each) for each additional provider greater than 1. May be shared with dialysis and/or chemotherapy. At Medical Centers only.
Synovial Fluid Analysis Room	11.15	120	At Medical Centers only. One per clinic. Note: this space can be combined with in the Renal Dialysis Lab or the Chemotherapy area.

#### Neurology:

Electromyography (EMG) Room	11.15	120	One per clinic when a neurologist FTE projected.
EMG Work Area	7.43	80	One per EMG Room.
EEG Testing Room	11.15	120	One room for when one neurologist FTE programmed. Two rooms for up to three neurologist FTEs programmed.
EEG Work Room	7.43	80	One for every EEG Testing Rooms.

#### Treatment/Procedure Support (For areas without dedicated support):

Recovery Room/Pre-Op Patient Holding	22.30	240	Minimum (2 cubicles) for procto., endo. or fluoro. procedure room. Add 120 nsf for each additional procedure room.
Patient Toilet	5.57	60	One per Recovery Room/Pre-Op room.
Control/Observation Area	5.57	60	One per Recovery Room/Pre-Op room.
Dressing Cubicle	4.65	50	One per every treatment/procedure room.

## DoD Space Planning Criteria for Health Facilities

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<b>Hematology/Oncology Clinic</b>			<b>This is a separate clinic, and is not to be combined with other clinics.</b>
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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>PATIENT AREAS</b>			
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Clinic Waiting Area		varies	Provide one per clinic. Provide 2 seats per each treatment room, exam room and chemo. treatment station. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception/Control	13.01	140	One per clinic.
Patient Toilet	5.57	60	See Section 6.1.
Screening, Weights and Measures	7.43	80	One per each 4 providers.
Provider's Exam Rooms	11.15	120	Two per provider (FTE) programmed.
Counseling/Consult Room	11.15	120	One per clinic.

<b>STAFF AND SUPPORT AREAS</b>			
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Provider's Office	11.15	120	One per provider FTE programmed..
Nurse Manager's Office	11.15	120	One per provider (FTE) programmed.
Nurses' Workstation	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per provider team.
Tumor Registry	11.15	120	One per clinic. See also section 3.11. Provide only one for both departments.
Pharmacist's Office	11.15	120	One office per pharmacist FTE programmed.
Nurse Practitioner's Office	11.15	120	One office per nurse practitioner FTE projected.
Social Worker's Office	11.15	120	One per social worker FTE projected.
Social Work Specialist Office	11.15	120	One per social work specialist FTE projected.
Group Therapy Room	18.58	200	One per oncology service.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms
	13.94	150	If 16-30 exam/treatment rooms
	16.72	180	If >30 treatment rooms
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms
	13.94	150	If > 30 treatment rooms
Chemo Medication Prep Room	11.15	120	One if pharmacist assigned (one FTE).
	5.57	60	One if no full time pharmacist assigned.
Supply Storage Room	9.29	100	One per clinic.
Staff Toilet	5.57	60	See Section 6.1.
Litter and Wheelchair Storage	5.57	60	One per clinic.

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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
<b>TREATMENT AREAS</b>			
Chemotherapy Treatment Room	27.87	300	Minimum (3 stations). One per oncology service, add 100 nsf for each 1,000 additional annual chemotherapy treatments above 4,000.
Treatment Room, Hem/Onc.	16.26	175	One per provider FTE programmed.
Holding Area	22.30	240	Minimum (3 reclining chairs with chairs for escorts). Add additional 80 nsf for each 2 chemotherapy treatment station in excess of three.
Holding Area Toilet	5.57	60	One per Chemotherapy Holding Area.

#### **Functions which are required for Residency Education in a Specialty Medical Clinics:**

The following areas must be programmed if the MTF provides a medical specialty Residency Program. These areas are in addition to those listed under common areas above.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of Residency	11.15	120	One per director of a Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of a Specialty Medical clinic Residency Program, if there is a projected FTE secretary position.
Coordinator	11.15	120	One per Specialty Medical clinic Program Coordinator if there is a projected FTE.
Resident's Office Space	11.15	120	120 nsf minimum. Plus 60 nsf per each additional resident over 2.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Residency Library	22.29	240	One per Specialty Medical clinic Residency Program.
Conference Room	37.16	400	One per Specialty Medical clinic Residency Program.
Residents' Exam Room	11.15	120	Two examination rooms for each of the maximum of residents (all types) at any one time, who see patients in the clinic.

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#### **3.15.6 FORMULAS:**

Programming of renal dialysis stations – the criteria for 1 station (chair) per every seven patients enrolled in renal dialysis was based on the following assumptions:

- 1) Assume a 12-hour day, six- day week.
- 2) Assuming the 12-hour day, 3 patients per day will be served.
- 3) If an 8-hour day is used, only 2 patients per day can be served.
- 4) Patients typically require 2.5 to 3.5 hours per dialysis and 80% of patients require dialysis 3 times a week, while 20% require dialysis 4 times a week.

If any of these assumptions if different than the actual renal dialysis operation, the criteria should be altered accordingly.